

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/927,428 Confirmation No.: 6387
Applicant : YUN, WENBING ET AL.
Title : METHOD FOR NANOMACHINING HIGH ASPECT RATIO
STRUCTURES
Filed : 08/09/2001
TC/A.U. : 1765
Examiner : DEO, DUY VU NGUYEN
Docket No. : LBL-IB-1498
Cust. No. : 8156

**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22213-1450**


AMENDMENT

Dear Sir:

In response to the Office Action mailed 04/14/2004, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 16 of this paper.

AMENDMENT TRANSMITTAL LETTER (Small Entity)			Docket No. LBL-IB-1498					
Applicant(s): YUN, Wenbing et al.								
Serial No. 09/927,428	Filing Date 09/09/2001	Examiner DEO, Duy Vu Nguyen	Group Art Unit 1765					
Invention: METHOD FOR NANOMACHINING HIGH ASPECT RATIO STRUCTURES								
<u>TO THE COMMISSIONER FOR PATENTS:</u>								
Transmitted herewith is an amendment in the above-identified application.								
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.								
The fee has been calculated and is transmitted as shown below.								
CLAIMS AS AMENDED								
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE			
TOTAL CLAIMS	74 -	123 =	0 x	\$9.00	\$0.00			
INDEP. CLAIMS	8 -	8 =	0 x	\$43.00	\$0.00			
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00			
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00			
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1137 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.								
 _____ Signature			Dated: <u>5/20/04</u>					
John P. O'Banion, Reg. 33,201 O'BANION & RITCHEY LLP 400 Capitol Mall, Suite 1550 Sacramento, CA 95814 (916) 498-1010			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </td> </tr> <tr> <td style="height: 40px; vertical-align: bottom;"> Signature of Person Mailing Correspondence </td> </tr> <tr> <td style="height: 40px; vertical-align: bottom;"> Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	Signature of Person Mailing Correspondence	Typed or Printed Name of Person Mailing Correspondence
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Signature of Person Mailing Correspondence								
Typed or Printed Name of Person Mailing Correspondence								
CC:								

O'BANION & RITCHEY ^{LLP}
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FAX NUMBER: (703) 872-9306

FROM: JOHN P. O'BANION

RE: 09/927,428
LBL-IB-1498

CERTIFICATE OF FACSIMILE TRANSMISSION (37 CFR 1.8)

I hereby certify that the enclosed:

1. AMENDMENT TRANSMITTAL LETTER (1 PAGE)
2. AMENDMENT (18 PAGES)

are being facsimile transmitted to the United States Patent and Trademark Office (Fax No. 703-872-9306) on
20 May 2004.

JOHN P. O'BANION
(Type or print name of person signing certificate)


(Signature)

☒ Original will not follow

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NUMBER OF PAGES SENT (INCLUDING COVER SHEET): 20

IF THERE ARE ANY PROBLEMS OR QUESTIONS, PLEASE CONTACT US AT (916) 498-1010. OUR FAX NO. IS (916) 498-1074.